


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000006012	
1. Entity Name METRO-SOUTH COMMUNITY DEVELOPMENT ASSOCIATION, INC.	

Principal Place of Business 3563 PHILIPS HWY #703 JACKSONVILLE, FL 32207	Mailing Address 3563 PHILIPS HWY #703 JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 03-0429569	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MEEK, CRAIG
3563 PHILIPS HWY
#703
JACKSONVILLE, FL 32207

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) **DATE** _____ (NOTE: Registered Agent signature required when re-instating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUGO, RICHARD
STREET ADDRESS	3139 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	ST
NAME	MEEK, CRAIG
STREET ADDRESS	3563 PHILIPS HWY #703
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	MCGEE, MAC
STREET ADDRESS	3300 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	HAMM, DAVID
STREET ADDRESS	2800 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000008688
01/20/04-80074-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. C. Meek **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** _____ **Daytime Phone #** _____